

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

*See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.*

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PLAINTIFF		COURT CASE NUMBER
Terrell Jones		08C0461
DEFENDANT		TYPE OF PROCESS
Dr. Carlos Altez, et al.		S/C
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	Dr. Carlos Altez, Cook County Jail, Medical Services Department	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr., Div.5, Chicago, IL 60608	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Terrell Jones, #2007-0057770 Cook County Jail P.O. Box 089002 Chicago, IL 60608		Number of parties to be served in this case	2
		Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

MAR 04 2008 EA  
Mar 04 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT		02-04-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process <b>102</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>02-04-08</b>
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I hereby certify and return that  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Jean Kiriazes Director CQI/RM</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service <b>2-22-08</b>	Time <b>10:00</b> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee <b>48.00</b>	Total Mileage Charges (including endeavors) <b>5.82</b>	Forwarding Fee <b>0</b>	Total Charges <b>53.82</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>53.82</b>	Amount of Refund <b>0</b>
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REMARKS:

1-DUSW  
1-Hour  
12-mi./rs